10.21.07.00

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 21 MENTAL HYGIENE REGULATIONS

Chapter 07 Therapeutic Group Homes

Authority: Health-General Article, ��10-501—10-524, 10-701—10-714, 10-901, 10-922, 10-920—10-926, 16-101—16-303; Article 49D, �4; Annotated Code of Maryland

10.21.07.01

.01 Scope.

This chapter establishes the procedures and standards for operating, programming, and staffing a therapeutic group home (TGH) for children.

10.21.07.02

.02 Definitions.

A. In this chapter, terms have the meanings stated in COMAR 01.04.04 and in this chapter.

B. Terms Defined.

(1) "Administration" means the Mental Hygiene Administration.

(2) "Case coordinator" means the mental health professional or residential care specialist supervised by a mental health professional who coordinates the services, as outlined in a child's TGH individual treatment plan (ITP), to the child.

(3) "Clinical coordinator" means the mental health professional who is responsible for oversight of the clinical services provided to children in a TGH.

(4) "Contact note" means an entry that:

(a) Is made in an individual's medical record by a program staff member; and

(b) Describes face-to-face, written, or telephone contact with or regarding the individual.

(5) "Core service agency (CSA)" means the county or multi-county authority, designated under Health-General Article, Title 10, Subtitle 12, Annotated Code of Maryland, and approved by the Department, that is responsible for planning, managing, and monitoring publicly funded mental health services.

(6) "Department" means the Department of Health and Mental Hygiene.

(7) "Group home" means a private group home, as defined in Health-General Article, §10-514, Annotated Code of Maryland, that provides mental health services in a residential facility.

(8) "Managed care organization (MCO)" means a health care organization, as defined in Health-General Article, §15-101(f), Annotated Code of Maryland.

(9) "Medical record" means a record as defined in Health-General Article, §4-301, Annotated Code of Maryland.

(10) "Mental health professional" means:

(a) A psychiatrist; or

(b) An individual who is authorized by the Health Occupations Article, Annotated Code of Maryland, to provide the service for which the individual is privileged.

(11) "Office for Children, Youth, and Families (OCYF)" means the office created under Article 49D, Annotated Code of Maryland.

(12) "Primary caretaker" means the:

(a) Child's custodial parent or parents; or

(b) Adult with whom the child currently resides.

(13) "Privileging" means the process by which a program determines that staff members are qualified to perform assigned duties.

(14) "Progress summary note" means an entry by an individual's treatment coordinator in the individual's medical record and that describes the individual's progress toward the goals delineated in the individual's ITP.

(15) "Secretary" means the Secretary of Health and Mental Hygiene, or the Secretary's designee.

(16) "Small private group home" means a residence as defined in Health-General Article, §§10-514(d) and (e) and 10-518(b), Annotated Code of Maryland.

(17) Therapeutic Group Home (TGH).

(a) "Therapeutic group home (TGH)" means a small private group home.

(b) "Therapeutic group home (TGH)" does not include a foster home that is the domicile of the foster parent.

(c) "Therapeutic group home (TGH)" does not include a facility that is:

(i) Owned by or leased to the State or any public agency;

(ii) Regulated by the Department of Juvenile Services, Department of Human Resources, or Developmental Disabilities Administration; or

(iii) Organized wholly or partly to make a profit.

(18) "Therapeutic milieu" means an environment that is clinically structured to provide mental health treatment in a place other than the individual's residence.

10.21.07.03

.03 Proposal and Designation of Lead Agency.

A. Proposal.

(1) An individual or organization that proposes to provide therapeutic living services for children in a TGH shall:

(a) Direct an initial inquiry for obtaining a license to the OCYF, in accordance with COMAR 01.04.02; and

(b) Submit to OCYF, in accordance with COMAR 01.04.04.05, a proposal describing the:

(i) Physical plant in which the children will reside, and

(ii) Program service plan, as described in Regulation .05C of this chapter.

(2) OCYF shall designate a lead agency.

B. Lead Agency. If OCYF designates the Department as lead agency, on receipt of the proposal submitted under §A of this regulation, the Secretary shall notify the Director of the Administration, who shall:

(1) Forward a copy of the proposal to:

(a) The CSA director, if the juridiction in which the TGH is to be located is served by a core service agency (CSA), and

(b) The designated licensure unit of the Department; and

(2) Within 2 weeks, send the applicant the Department application form and instructions.

10.21.07.04

.04 License Required.

A. Before operating a TGH, a person shall obtain a license from the Department under the provisions of this chapter and COMAR 01.04.04 for each TGH site in which children reside.

B. The Secretary shall grant a license to an applicant to operate a TGH if the applicant fulfills the requirements for:

(1) Licensure under COMAR 01.04.04; and

(2) Service and staffing under this chapter.

10.21.07.05

.05 Application Process.

A. Consultation. If the Administration is the designated lead agency, an applicant for licensure for a TGH, before submitting an application, may request assistance from the designated licensure unit of the Department, the appropriate CSA director, or the Administration regarding the proper compilation of application materials and completion of the application.

B. Application. An applicant for licensure of a TGH shall:

(1) Submit, to the Department's designated licensure unit, a signed, notarized application on the form approved by the Department with the requirement that all questions be answered and all required documents be attached;

(2) Include in the application:

(a) The applicant's:

(i) Name,

(ii) Agency affiliation, if any, and

(iii) Address;

(b) Documentation:

(i) Of the applicant's not-for-profit status, and

(ii) That the applicant has sufficient financial resources or that sufficient resources are available to the applicant for the establishment and operation of the residence;

(c) The following information about the property:

(i) The street address of the location of the TGH or, if it has no street address, a description that adequately identifies the location of the property, and

(ii) If the applicant does not own the property, the name and address of the owner;

(d) The satisfactory fire, safety, and health inspection reports, not more than 1 year old, of the TGH that are required by the local jurisdiction;

(e) Written material that describes how the applicant intends to comply with the requirements outlined in:

(i) COMAR 01.04.04, and

(ii) This chapter;

(f) An explanation of the need for the TGH, including, if the jurisdiction in which the TGH is to be located is served by a CSA, a letter of intent that explains how the TGH meets a need identified in the Administration-approved CSA plan;

(g) When applicable, documentation that the TGH will collaborate with the CSA, as required under Regulation .07 of this chapter;

(h) Documentation that the TGH:

(i) Is near transportation facilities, or has a plan for the provision of transportation services based on the individual's need, and

(ii) Meets, or on completion will meet, general zoning requirements regarding size, density, land use, and architectural guidelines that apply to the site; and

(i) The applicant's program service plan, as outlined in §C of this regulation; and

(3) Forward a copy of the:

(a) Application cover letter to the Administration; and

(b) Application to the:

(i) CSA, if the jurisdiction in which the TGH is to be located is served by a CSA, or

(ii) Administration, if the jurisdiction in which the TGH is to be located is not served by a CSA.

C. Program Service Plan (PSP). On the form approved by the Administration, as part of the application, a TGH shall submit a PSP that includes:

(1) If appropriate, a copy of the articles of incorporation, organizational chart, bylaws, and list of the members, including officers, of the governing body;

(2) Documentation that at least 1/3 of the members of either the governing body or an advisory committee includes representation of consumers, former consumers, or family members;

(3) The proposed budget for the TGH;

(4) A description of:

(a) The number of children, as well as their age groups and other relevant characteristics, that the TGH expects to serve;

(b) The geographic area to be served;

(c) The goals, objectives, and expected outcomes of the program;

(d) The plan for the provision of the following services:

(i) Medical,

(ii) Dental,

(iii) Required education,

(iv) Social and recreational,

(v) Nutritional, and

(vi) Mental health treatment;

(e) The method for linkage with service providers and community resources, including, when applicable, written agreements with inpatient facilities and other providers of health, mental health, and social services; and

(f) The methods by which quality, including risk management and utilization review, are assured; and

(5) A list of staff positions, their job descriptions and educational and clinical training requirements, and staffing patterns, including an organizational chart detailing lines of authority and responsibility.

10.21.07.06

.06 Governance.

A. Governing Body.

(1) A provider that is licensed by the Department under this chapter to operate a TGH shall be governed by a body that shall:

(a) Carry out the responsibilities under COMAR 01.04.04.04; and

(b) Either:

(i) Be composed of the membership described under §B(1) of this regulation, or

(ii) Appoint an advisory committee for the TGH.

(2) The chairman of the governing body shall maintain documentation of:

(a) The legal form of organization of the operator of the TGH;

(b) The minutes of all regularly scheduled meetings; and

(c) Any registration required by the State Department of Assessments and Taxation to operate as a business in Maryland.

B. Advisory Committee.

(1) When appointing an advisory committee under §A(1)(b)(ii) of this regulation, the governing body shall assure that the committee is composed of members:

(a) That reflect the cultural and ethnic profile of the community or communities being served; and

(b) At least 1/3 of whom are individuals who are:

(i) Currently or were previously served by a TGH or other community-based mental health program,

(ii) Family members of individuals who are currently or were previously served by a TGH or other community-based mental health program, or

(iii) Members of a mental health advocacy organization.

(2) An advisory committee appointed under §B(1) of this regulation shall, at a minimum:

(a) Establish and maintain a regular meeting schedule; and

(b) Advise the governing body regarding the duties described under COMAR 01.04.04.04.

10.21.07.07

.07 Collaboration with Core Service Agency (CSA).

A. If the jurisdiction in which a TGH is located is served by a CSA, the governing body shall document that the program shall:

(1) Submit the following information to the CSA:

(a) Documentation that the program budget is adequate to support the program's ability to provide authorized services;

(b) The program service plan;

(c) Data that incorporate outcome measures; and

(d) A yearly summary that, at a minimum, includes:

(i) Relevant financial statements or documentation of an audit that certifies that the TGH is fiscally sound,

(ii) Program planning and evaluation, as identified in COMAR 01.04.04.15, and

(iii) Service utilization data;

(2) Collaborate with the CSA in:

(a) The process developed by the CSA for screening and exploring alternatives for an individual served by the TGH for whom inpatient facility admission is being initiated;

(b) The CSA's protocol for resolution of conflict between the TGH and:

(i) The child or family of a child served, and

(ii) Another program or agency; and

(c) The CSA's procedures for prevention of the appearance or occurrence of conflict of interest in the operation and oversight of the program's provision of mental health services;

(3) Contract, as necessary, with the CSA; and

(4) Make available to the CSA any medical records that are needed by the CSA for the purpose of:

(a) Assessing the quality of care; or

(b) Investigating a complaint or grievance.

B. If the jurisdiction in which a TGH is located is not served by a CSA, the chairman of the governing body shall document that the program shall submit information to and collaborate with the Administration, as required under this regulation.

.08 TGH Program Model.

A. A TGH provides therapeutic living services:

(1) For at least four but not more than eight children;

(2) By providing access to a combination of developmental, diagnostic, and therapeutic mental health services;

(3) When possible, in the child's community of origin; and

(4) In a home-like environment.

B. The chief executive officer of a TGH shall assure that a TGH:

(1) Provides to each child in the TGH mental health care and treatment:

(a) That can reasonably be expected to benefit the child, and

(b) By an adequate staff or, under agreement, by a provider of mental health services;

(2) Has sufficient staff to provide adequate supervision to the children in the TGH, including 24-hour supervision for each resident not participating in a program outside the TGH; and

(3) Coordinates treatment in the TGH with the appropriate public or nonpublic educational program.

C. The chief executive officer of the TGH shall assure that services are:

(1) Appropriate to the cultural and psychosocial developmental needs of the child;

(2) Provided by staff who:

(a) As determined by the program, are appropriately credentialed and privileged; and

(b) Organize and manage the therapeutic milieu to:

(i) Foster clinically appropriate social, cognitive, emotional, and physical growth,

(ii) Handle aggression in a nonpunitive manner that promotes growth and learning,

(iii) Reinforce the child's ability to function with peers in a social environment,

(iv) Model and provide opportunities for children to behave in age-appropriate ways, such as assuming responsibility for carrying out routine activities, exhibiting independence and initiative in planning their own activities, getting along with others, and demonstrating age-appropriate social skills,

(v) Facilitate the child's awareness of appropriate behavior in a predictable, constructive, and timely manner, and

(vi) Help children to make choices and to negotiate disagreements among themselves, rather than resolving conflicts for them;

(3) Provided in an environment that is:

(a) Consistent with existing standards of program design; and

(b) Organized consistent with the learning styles and developmental needs of the child; and

(4) Designed to foster positive relationships between the child and the child's parents or guardians and, if other than a parent, the child's primary caretaker, and the anticipated post-placement caretaker.

.09 Eligibility, Application, and Admission.

A. Eligibility.

(1) A child is eligible for admission to a TGH if:

(a) The child:

(i) Has a mental disorder,

(ii) Is or should be receiving treatment for the mental disorder,

(iii) Because of the mental disorder, requires residential services not available in the home,

(iv) Needs 24-hour supervision in a structured private group home,

(v) Has the ability to understand and states, in writing, a willingness to comply with the rules and regulations of the TGH, and

(vi) Has the ability to act appropriately under emergency conditions; and

(b) There is no less restrictive form of treatment that is consistent with the welfare and safety of the child.

(2) A TGH may not admit or retain as a resident a child if the child:

(a) Has a primary diagnosis of alcoholism, drug addiction, or severe brain damage;

(b) Shows current violent or antisocial behavior; or

(c) Has cognitive deficits that severely limit the child's ability to benefit from the treatment modalities provided.

B. Application for Admission. An applicant to a TGH shall use an application form which outlines the following requirements:

(1) Identifying data, including but not limited to:

(a) Name, date of birth, sex, legal domicile, and current residence of the child,

(b) Names, addresses, and telephone numbers of persons or agencies having legal care or custody of the child, and

(c) Documentation of the child's custody status, including, if relevant, documentation of agreements regarding responsiblitiy for financial support and health care;

(2) Authorization to release information signed by the child's parent or guardian;

(3) Based on clinical evaluation by an individual authorized, under Health Occupations Article, Annotated Code of Maryland, to formulate a psychiatric diagnosis, a statement including:

(a) The psychiatric diagnosis and the rationale for the diagnosis,

(b) An explanation of why the child would benefit from the treatment and related services provided in and by a TGH,

(c) The treatment goals for the child, if TGH placement occurs, and

(d) Documentation that the child meets the eligibility criteria outlined in §A of this regulation;

(4) A recent history of the child's:

(a) Mental health treatment, including relevant psychiatric and psychological evaluations,

(b) Family status,

(c) Education, including documentation of a handicapping condition, if any, and

(d) Involvement, if any, with community agencies;

(5) Relevant medical records; and

(6) Unless the child has a guardian that is a State agency, a written and signed statement that, at the time of application for admission, the child's parent or guardian:

(a) Agrees to the placement,

(b) Agrees to the rules and regulations of the TGH, and

(c) Enters into an agreement regarding the responsibility for payment for the child's medical and mental health care.

C. Admissions Procedures.

(1) An applicant for admission of a child to a TGH shall:

(a) Submit an application for admission, as described in §B of this regulation, to the TGH chief executive officer; and

(b) Forward copies of the application to the Administration and the CSA, if the jurisdiction in which the child's parent or guardian resides is served by a CSA.

(2) On receipt of an application for admission to the TGH, the TGH chief executive officer, in collaboration with appropriate TGH mental health professional staff, may conduct a pre-admission interview with:

(a) The applicant for admission to a TGH;

(b) If other than the applicant, the:

(i) Child,

(ii) Child's parent or guardian, or

(iii) Referring agency; and

(c) As appropriate, past or current providers of the following services:

(i) Educational,

(ii) Social, and

(iii) Mental health treatment.

(3) Within 2 weeks of receipt of an application for admission, the TGH chief executive officer shall:

(a) In consultation with clinical and residential staff at the TGH and based on the eligibility criteria outlined under §A of this regulation, determine whether the TGH is the appropriate setting for the child;

(b) Notify the applicant of the determination;

(c) If the determination is that the TGH is not appropriate for the child, notify the applicant of:

(i) The reason for the determination, and

(ii) A recommendation regarding the appropriate level of care; and

(d) Notify the appropriate CSA director and the Administration of the determination.

(4) If the TGH chief executive officer approves the application for admission, the chief executive officer shall give to the applicant written notice of:

(a) If a bed is available, the date of admission to the TGH; or

(b) If a bed is not available within the following 21 days:

(i) The child's position on the TGH's waiting list,

(ii) The process for reviewing the child's waiting list status, and

(iii) Information about appropriate placement alternatives.

10.21.07.10

.10 Required Services.

The chief executive officer of a TGH shall assure that children in the TGH receive:

A. Physical and dental examinations, care, and treatment for children who are:

(1) Eligible for Medical Assistance, services through the managed care organization, as required by COMAR 10.09.67, or

(2) Not eligible for Medical Assistance, through written agreements with appropriate providers, as indicated under COMAR 01.04.04.19;

B. From an appropriate public or nonpublic program, education, as indicated under COMAR 01.04.04.18B; and

C. From a mental health professional:

(1) Regular individual mental health treatment, according to the ITP developed by the mental health professional, and

(2) As required by the child's ITP, needed evaluation and consultation.

10.21.07.11

.11 Evaluative Services Provided by the TGH.

A. Therapeutic Milieu. The clinical coordinator, as defined in Regulation .14C of this chapter, shall assure maintenance of the therapeutic milieu in order to foster achievement of a child's treatment goals.

B. Diagnosis. Within 1 week of a child's admission to the TGH, the clinical coordinator shall ensure that a staff member authorized under the Health Occupations Article, Annotated Code of Maryland, and credentialed and privileged by the program to formulate a psychiatric diagnosis, shall:

(1) Formulate and document in the child's medical record a diagnosis based on a face-to-face assessment of the child, that includes:

(a) A description of the presenting problem,

(b) Relevant history,

(c) Mental status examination, and

(d) The rationale for the diagnosis; or

(2) Affirm the psychiatric diagnosis documented as part of the application for admission under Regulation .09B(3) of this chapter that has been entered in the child's medical record.

C. Assessment. Using the evaluation materials submitted as part of the application for admission, before or within 1 week of the child's admission to the TGH, the TGH clinical coordinator shall assure the completion of an assessment that includes, as indicated, an assessment of the child's:

(1) Developmental history;

(2) Educational history;

(3) Family history and evaluation of current family status, including legal custody status;

(4) Home environment;

(5) Social, emotional, and cognitive development;

(6) Motor, language, and self-care skills development;

(7) History, if any, of:

(a) Substance abuse,

(b) Physical or sexual abuse, and

(c) Home or community violence;

(8) Local department of social services or Department of Juvenile Services involvement, if any;

(9) Mental status; and

(10) Medical history and needs, including, if any, history of allergies, neurologic disorders, and communicable diseases.

D. Initial Brief Treatment Plan. Not later than 1 week following admission, the TGH clinical coordinator shall prepare an initial brief treatment plan:

(1) Based on the:

(a) Application materials submitted as required under Regulation .09B of this chapter, and

(b) Assessment under §C of this regulation;

(2) In collaboration with:

(a) The child,

(b) The primary caretaker,

(c) Appropriate TGH staff, and

(d) As appropriate and with proper consent, interested and available community treatment providers; and

(3) That includes, at a minimum:

(a) The treatment goals expressed by the referring agency, if any,

(b) The process of orientation to the TGH, and

(c) Initial expectations regarding the child's adjustment to residential placement.

E. TGH Individual Treatment Plan (ITP).

(1) Treatment Team.

(a) At a minimum, the following individuals shall participate on a child's treatment team:

(i) The TGH psychiatrist;

(ii) The clinical coordinator;

(iii) The child's case coordinator; and

(iv) Other TGH staff who are involved in providing services to the child and family.

(b) The clinical coordinator shall invite, as appropriate and with proper consent, family members and community-based providers of services to the child, including but not limited to school and mental health treatment staff, to participate as members of the child's treatment team.

(2) Initial ITP. Within 30 days after a child is admitted to a TGH and based on the initial brief treatment plan and current observations and reports, the TGH clinical coordinator shall prepare an ITP to be addressed by TGH staff:

(a) In collaboration with:

(i) The child,

(ii) The treatment team,

(iii) The primary caretaker and, as appropriate, family and others involved in the child's care, and

(iv) Other providers of care or treatment;

(b) That identifies the:

(i) Providers of mental health treatment,

(ii) Providers of medical and dental care,

(iii) Educational program, and

(iv) TGH case coordinator;

(c) That is coordinated with the child's:

(i) Individualized educational plan (IEP), when applicable,

(ii) ITP prepared by the providers of mental health treatment, and

(iii) Medical care provider;

(d) That documents the following information:

(i) Based on the physical examination required under Regulation .10A of this chapter, somatic care recommendations, including any medication prescribed, and precautions,

(ii) Nutritional requirements and limitations, if any, and

(iii) Essential medical or non-medical treatments or procedures, if any;

(e) That includes, at a minimum:

(i) The psychiatric diagnosis, as documented under ﷺB of this regulation, in consultation with the providers of mental health treatment,

(ii) A description of the child's current behavior, symptoms, and level of functioning that includes the child's presenting strengths, needs, and treatment expectations and responsibilities,

(iii) A description of the family's or significant others' strengths and needs, as they relate to the child,

(iv) When appropriate, identification of particular behaviors that result or may be expected to result from the child's psychiatric symptoms,

(v) Based on consultation with the providers of education and mental health treatment, short-term and long-term mental health treatment goals that are outcome-oriented and that are stated in behavioral, measurable terms,

(vi) As needed, other goals related to family, socialization and recreation, and activities of daily living, and

(vii) Identification of any medication prescribed for the treatment of a mental disorder and required monitoring of same; and

(f) That specifies treatment strategies to be provided by TGH staff, including:

(i) Recommended modality and frequency of interventions,

(ii) Target dates for goal achievement,

(iii) The designation of TGH staff responsible for implementing the elements of the plan, and

(iv) When appropriate, identification of, referral to, and collaboration with other services to support the child's treatment.

(3) ITP Review. As frequently as necessary, as determined by the TGH clinical coordinator, and, at a minimum of every 90 days, at a treatment team meeting with, unless clinically contraindicated, the child, the clinical coordinator shall:

(a) Review and record in the child's medical record:

(i) The child's progress toward the accomplishment of previously identified mental health treatment and other goals,

(ii) Goal changes based on a review of progress,

(iii) Changes in treatment strategies, and

(iv) Changes in diagnosis; and

(b) Communicate the results of the treatment plan review to:

(i) The child, if the child did not attend the ITP review team meeting,

(ii) The primary caretaker,

(iii) Relevant program staff, and

(iv) The providers of mental health treatment services.

(4) Signature of the ITP and ITP Reviews.

(a) The child and the child's parent or guardian shall sign or tape-record agreement or disagreement with the ITP and reviews.

(b) A child's primary caretaker, if other than the parent or guardian, shall sign or tape-record acknowledgment of the ITP and reviews.

(c) In addition, the following TGH staff shall sign the ITP and reviews:

(i) Psychiatrist;

(ii) Clinical coordinator; and

(iii) Case coordinator.

F. Continuing Evaluation.

(1) Contact Notes. Staff involved in the contact shall document in the child's TGH medical record all significant clinically relevant face-to-face, telephone, and written contacts with or about the child, including the dates, locations, and types of contacts.

(2) Progress Summary Notes. At least every 2 weeks, a child's case coordinator shall:

(a) Record in the child's TGH medical record a progress summary note regarding:

(i) The delivery of services specified by the ITP,

(ii) Progress toward goal achievement,

(iii) Changes in the individual's status, and

(iv) If applicable, suggested changes in treatment goals and services delivered; and

(b) Assure that the child's needs and progress are communicated to those listed under §E of this regulation.

10.21.07.12

.12 Treatment and Support Services Provided by the TGH.

A. Case Coordination. The TGH clinical director shall assure that a child's case coordinator:

(1) Integrates appropriate therapeutic and educational services into the child's ITP by coordinating with the child's previous placement provider, school, clinic or other mental health providers, and, if any, employer;

(2) Makes home visits and meets with the primary caretaker to ameliorate problems in the home and facilitate reunification; and

(3) Participates in treatment team meetings for the purposes of collaborating in service delivery and advocating for the child.

B. Group Therapy. Appropriately credentialed and privileged TGH staff or consultants shall, at least weekly at the TGH, provide group therapy that, unless otherwise indicated in the child's ITP, includes every child in the TGH.

C. Pychoeducational Groups. As required by the child's ITP, the child's care coordinator shall assure that the child has the opportunity to participate in appropriate groups for children who have special needs, including but not limited to groups for children who have been affected by:

(1) Substance abuse;

(2) Sexual assault;

(3) Physical abuse; or

(4) Home or community violence.

D. Medication Services.

(1) The TGH clinical coordinator shall assure that medications prescribed for a child are stored securely and made available to the child as appropriate.

(2) Administration. If a child's ITP requires that TGH staff administer medication, the following requirements apply:

(a) Only an individual licensed under the Health Occupations Article, Annotated Code of Maryland, to administer medication may do so; and

(b) Only a licensed practical nurse or a registered nurse may delegate the administration of medication according to the provisions of COMAR 10.27.11.

(3) Monitoring. When required by the child's ITP, a TGH staff member privileged to do so shall provide the following services:

(a) Supporting the child's self-administration of prescribed medication;

(b) To the extent possible, monitoring compliance with instructions appearing on the label;

(c) Reading the label to assure that each container of medication is clearly labeled with the child's name, the contents, directions for use, and expiration date;

(d) Observing and documenting any apparent reactions to medication and, either verbally or in writing and in a timely fashion, communicating to the prescribing authority and TGH psychiatrist any problems that possibly may be related to the medication; and

(e) Reinforcing education on the role and effects of medication in symptom management.

E. Health Promotion and Training.

(1) When indicated in the child's ITP, TGH staff privileged to do so shall provide basic health teaching in the following areas:

(a) Nutrition;

(b) Exercise;

(c) Dental care;

(d) Substance abuse prevention; and

(e) Prevention of injury and illness at home and in the community.

(2) The clinical coordinator shall assure the provision of training in communicable disease prevention, including prevention of sexually transmitted diseases and blood-borne pathogens, including HIV/AIDS.

F. Discharge Procedures. A TGH licensee shall:

(1) Carry out discharge planning in accordance with COMAR 01.04.04.23D; and

(2) Forward a copy of each discharge plan to the appropriate CSA and the Administration.

10.21.07.13

.13 Residential Services.

A. General. The chief executive officer shall assure that:

(1) Basic life needs are met, according to the requirements of COMAR 01.04.04.17; and

(2) Communication and visiting policies and daily routines are implemented according to the requirements of:

(a) Health-General Article, §§10-702—10-703, Annotated Code of Maryland,

(b) COMAR 10.21.09, and

(c) COMAR 01.04.04.16.

B. Supervision. The chief executive order shall assure that TGH staff, as defined in Regulation .14 of this chapter, provides supervision for each resident not participating in a program outside the TGH, as follows:

(1) During hours that children are awake and in the TGH, at least one staff member shall be present for every three children in the TGH;

(2) During children's sleeping hours, at least one awake staff member shall be present in the TGH; and

(3) At all times, at least one staff member shall be available, at the request of on-duty staff, to arrive at the TGH within 1 hour of the request.

C. Activity. As required under COMAR 01.04.04.18C, the clinical coordinator shall assign staff to plan and implement daily activities that utilize the therapeutic milieu to foster clinically appropriate social, cognitive, emotional, and physical growth, including but not limited to:

(1) Group and self-directed leisure activities, both on-site and off-site, including activities related to sports and the arts;

(2) Working with the child to develop an activities schedule, including:

(a) Weekend and vacation plans, and

(b) Activities that support the child's cultural interests; and

(3) Developing linkages with and supporting a child's participation in community activities.

D. Homework. Child care staff shall supervise and assist a child with homework:

(1) Based on the child's needs; and

(2) By coordinating with the school.

E. Independent Living Skills. As required under COMAR 01.04.04.18D, in order to assist a child to develop the skills required to live independently as an adult, and as appropriate to a child's age and ability, the chief executive officer shall assign TGH staff to provide activities related to:

(1) Homekeeping, including:

(a) Meal preparation, including:

(i) Menu planning,

(ii) Shopping,

(iii) Cooking, and

(iv) Cleaning up;

(b) Laundry; and

(c) Basic housekeeping;

(2) Personal hygiene;

(3) Money-management, including basic banking knowledge;

(4) Self-preservation; and

(5) Accessing community resources, including locating and using public transportation.

F. Work Experience. A TGH that arranges a work experience for a child shall follow the procedure in COMAR 01.04.04.18E.

10.21.07.14

.14 Staff.

A. Required Staff. The governing body of a TGH shall assure that TGH staff is sufficient in numbers and qualifications to:

(1) Carry out the TGH program service plan described in Regulation .05C of this chapter and program model described in Regulation .08 of this chapter;

(2) Provide the services, including supervision and staff-to-child ratio, required under Regulations .12 and .13 of this chapter; and

(3) Carry out the requirements of the ITPs of the TGH residents.

B. Chief Executive Officer. The governing body shall employ a TGH chief executive officer who:

(1) Meets the qualifications and experience required under COMAR 01.04.04.11A;

(2) Is on duty at the TGH for the amount of time necessary to carry out the duties outlined in this chapter and, at a minimum, 20 hours per week;

(3) Is responsible for administrative oversight for, at a minimum:

(a) Fulfilling the administrative requirements under COMAR 01.04.04;

(b) Assuring compliance with this chapter;

(c) Maintaining sufficient staff, including recruiting, hiring, training, scheduling, and terminating;

(d) Assuring the availability, 24 hours per day, 7 days per week, of a TGH psychiatrist;

(e) In collaboration with the clinical coordinator, assuring staff compliance with credentialing and privileging;

(f) In collaboration, when appropriate, with the clinical coordinator, assuring that all staff are appropriately supervised;

(g) In collaboration with the clinical coordinator and program staff, identifying staff training needs and the provision of inservice training, as required under COMAR 01.04.04.10C, and, in addition, assuring a minimum level of staff competence in at least the following:

(i) Understanding mental disorders and treatment modalities, including medication,

(ii) Use of seclusion, restraint, and quiet room, as governed by COMAR 10.21.12 and 10.21.13,

(iii) Verbal de-escalation and aggression management techniques and procedures,

(iv) Appropriate response to communicable diseases and use of universal precautions,

(v) Emergency preparedness and evacuation plan, and

(vi) Implementation of children's rights;

(h) Quality management;

(i) Developing and implementing the budget;

(j) Maintaining the physical plant; and

(k) Keeping the governing body informed of, at a minimum, the program's licensure status and performance;

(4) May carry out the duties of the clinical coordinator, as described under §C of this regulation, if the chief executive officer is:

(a) A mental health professional;

(b) On duty at the TGH at least 40 hours per week, 20 hours of which must be during times when the children or adolescents are normally on-site; and

(5) If carrying out the duties of the clinical coordinator, shall hire an additional mental health professional for an additional 20 hours per week to assist with the duties described under §C of this regulation.

C. Clinical Coordinator. If the chief executive officer is not the clinical coordinator, the chief executive officer shall hire a clinical coordinator who is:

(1) A mental health professional;

(2) On duty at the TGH at least 20 hours per week during times when the children or adolescents are normally on-site; and

(3) Responsible for, at a minimum:

(a) Development of treatment procedures, including admission and discharge procedures;

(b) Development of the ITP and ITP reviews, including appropriate coordination with a child's:

(i) IEP,

(ii) ITP developed by the providers of mental health treatment, and

(iii) Medical care providers;

(c) Interpreting the children's assessments and evaluations to staff;

(d) Establishing and maintaining linkage with schools and community treatment providers;

(e) Establishing protocols for medical and psychiatric emergencies and crisis response plans;

(f) Providing clinical supervision of staff; and

(g) Maintenance of the therapeutic milieu described in Regulation .08C(2)(b) of this chapter.

D. TGH Psychiatrist. The chief executive officer shall assure the availability of a psychiatrist who:

(1) Has completed a residency in child psychiatry in an accredited program;

(2) As specified in the employment or consultant contract, is available:

(a) For the amount of time necessary to carry out the duties outlined in §D(3) of this regulation, and,

(b) To respond to emergencies 24 hours per day, 7 days per week; and

(3) Is responsible for:

(a) Participation in the screening, assessment, admission, and discharge processes,

(b) Formulating and documenting a diagnosis, according to Regulation .11B of this chapter,

(c) Participation in the development and signing of a child's ITP and ITP reviews,

(d) Clinical supervision of those cases requiring face-to-face medical review,

(e) Consulting with staff regarding the maintenance of the therapeutic milieu,

(f) Review of medication utilization and corrective feedback when utilization is found to be inappropriate, and

(g) Medical aspects of quality management.

E. Case Coordinator. The TGH chief executive officer shall employ a sufficient number of case coordinators, each of whom is:

(1) Either a:

(a) Mental health professional; or

(b) Residential care specialist who:

(i) Has a minimum of a high school diploma or equivalent, and

(ii) Is supervised by a mental health professional;

(2) Available to be with the child, on site in the TGH, at least 4 days per week; and

(3) Responsible for the duties delineated under Regulation .12A of this chapter.

F. Residential Care Specialist. The TGH chief executive officer shall employ a sufficient number of residential care specialists who:

(1) As determined by the chief executive officer, have sufficient qualifications and experience to carry out the duties of the position;

(2) Have training applicable to the service, including, at a minimum, training outlined in §B(3)(g) of this regulation;

(3) As permitted under the Health Occupations Article, Annotated Code of Maryland, and as privileged by the program, are available to carry out the residential services delineated under Regulation .13 of this chapter.

10.21.07.15

.15 Data Submission.

A TGH shall report the required data in the form and at the times specified by the Administration.

10.21.07.16

.16 Rights.

TGH staff shall explain to a child enrolled in a program and to the child's parent, guardian, and, if other than the parent, the primary caretaker, of the child's rights as set forth in Health-General Article, Title 10, Subtitle 7, and Title 4, Subtitle 3, Annotated Code of Maryland.

10.21.07.17

.17 Grievances.

A. A TGH shall develop and implement a process for the prompt and objective resolution of grievances that may be presented by a child or by a child's parent, guardian, or primary caretaker.

B. The TGH shall prominently display, in accessible centralized locations, the written description of the grievance procedure.

10.21.07.9999

Administrative History

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